

**Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review
for
Therapy Services**

Domain 2. Individual Planning and Implementation

Related CQL Personal Outcome Measures:

- People experience continuity and security.
- People use their environments.
- People choose services.
- People choose personal goals.

Related CQL Basic Assurance Indicators

- People access quality health care.
- The organization provides individualized safety supports.
- The organization implements an ongoing staff development program.
- The support needs of individuals shape the hiring, training and assignment of all staff.
- People's individual plans lead to person-centered and person-directed services and supports.
- The organization provides positive behavioral supports to people.
- The organization provides continuous and consistent services and supports for each person.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

| Indicators | Results | Guidance | Comments |
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| *2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>The provider completes the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current supports and interventions.</p> <p>Doctor orders for assessment, if applicable, are filed in the record.</p> <p>An assessment was completed within the authorized timeframe.</p> <p>The Clinical Service assessment includes the following components:</p> <ul style="list-style-type: none"> • Identifying information • The reason for referral; • Individual concerns/desired goals (including | |

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| | | <p>any input from family, COS, etc);</p> <ul style="list-style-type: none"> • Relevant health history; • Relevant discipline specific data; • Relevant adaptive equipment/ assistive technology needs; • Comprehensive analysis; • Recommendations; and • Service provider's signature, credentials, and date. <p>The assessment identifies applicable areas of risk and recommendations to address ways to reduce risk as appropriate.</p> <p>The assessment justifies the recommended therapeutic services plan of care.</p> <p>If authorized for a therapeutic site assessment in order to provide recommendations for environmental accessibility modifications, the assessment must include the following information:</p> <ul style="list-style-type: none"> • Current mobility status including any recent changes; • Current assistive devices and equipment (with overall dimensions) relevant to the needed modifications; • Details, including needed measurements, on areas of the home needing modifications; and • Justification supporting the needed modifications. <p><i>Provider Manual reference: 3.6; 3.6.1; 4.6.a; 13.2.a; 13.2.b; 13.10.a; 13.10.b.</i></p> | |
| <p>*2.A.5. The plan includes individualized supports and services to address the person's needs.</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>The goals in the therapeutic services plan of care support needs and issues identified in the assessment as well as the person's ISP.</p> <p><i>Provider Manual reference: 13.2.c; 13.10.c.</i></p> | |
| <p>Outcome 2B. Services and supports are provided according to the person's plan.</p> | | | |

| Indicators | Results | Guidance | Comments |
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| *2.B.2. The person's plan is implemented in a timely manner. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>Services, plans and programs are developed and implemented according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP).</p> <p><i>Provider Manual reference: 3.10.e; 5.11.; 13.14.</i></p> | |
| *2.B.3. The person receives services and supports as specified in the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>Services are consistently provided in accordance with the authorized type, amount, frequency, and duration identified in the therapeutic services plan of care and the person's Individual Support Plan.</p> <p>Discrepancies in approved units versus delivered units are identified and explained.</p> <p>Physician's orders for services are current and include amount, frequency and duration.</p> <p><i>Provider Manual reference: 3.17; 5.11.; 13.8.; 13.12.; 13.14.</i></p> | |
| *2.B.5. Provider documents provision of services and supports in accordance with the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>Ongoing documentation shows the provider's efforts to implement services and supports in accordance with the person's plan.</p> <p>Documentation is completed and maintained per DIDD Provider Manual.</p> <p>Contact notes are completed for all therapy services.</p> <p>Each contact note must contain:</p> <ul style="list-style-type: none"> • Identifying information; • Time in and time out; • Goal(s)/ interventions addressed during the visit (including any training); • Objective measurement of individual response to intervention and status in relation to goals addressed; • Status of any equipment procurement, as needed; • Units utilized; • Service provider's signature, credentials and date; and | |

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| | | <ul style="list-style-type: none"> Signature of the staff, family, and/or person supported, and date either on the contact note or on the clinician's attendance log. <p>Initial staff instructions for health and safety issues are developed and training initiated within 30 days of services being initiated.</p> <p>All staff instructions contain:</p> <ul style="list-style-type: none"> Identifying information; Required equipment; Any precautions relevant to implementing the instructions; Steps for implementation; Service provider's signature, credentials, and date created; Review date (at least annually while services are being provided); and Revision date (as applicable). <p><i>Provider Manual reference: 3.17.; 5.11; 13.14.</i></p> | |
| Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | |
| Indicators | Results | Guidance | Comments |
| *2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>A monthly progress note is completed for any month in which services are authorized.</p> <p>The review provides a summary of the progress in meeting ISP outcomes.</p> <p>The monthly progress note contains:</p> <ul style="list-style-type: none"> Identifying information; Objective measurement of status in relation to each POC goal; Updated status of any equipment procurement; Any barriers to service provision and steps taken to resolve them; Service provider's signature, credentials and date; | |

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| | | <p>For OT and PT, monthly progress notes are completed by the therapist.</p> <p>Monthly progress notes must be sent to the ISC by the twentieth (20th) of the month following the month of service provision.</p> <p>If services are provided once a month or less often, the clinician can combine the contact note information and the monthly progress note information and submit one document.</p> <p>The clinician provides a Letter of Medical Necessity and doctor's orders (as needed) for obtaining equipment to the ISC in order for the ISC to pursue.</p> <p>Once needed equipment is obtained, the clinician is responsible for assuring the equipment works for the person and for training staff.</p> <p>Discharge summaries contain:</p> <ul style="list-style-type: none"> • Identifying information; • Reason for discharge and effective date of discharge; • Analysis of the services provided and their benefit to the person using services • Status at the time of discharge; • Relevant indicators for re-referral (as applicable); and, • Service provider's signature, credentials and date. <p>Discharge summaries must be completed within seven days of discharge date.</p> <p><i>Provider Manual reference: 3.10.b-c.; 13.10.f.; 13.14.; 13.15.; 13.17.; 13.18.</i></p> | |
| 2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or when there is a need for a review of the ISP, provider staff notify the appropriate persons, provide all needed information and follow the issue to resolution.</p> | |

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| | | <p>The provider is responsible for carefully reviewing the final ISP and notifying the ISC of any inaccurate, conflicting or missing information.</p> <p><i>Provider Manual reference: 3.10.c.5-6.</i></p> | |
| Domain 9. Provider Capabilities and Qualifications | | | |
| Related CQL Personal Outcome Measures: | | | |
| ➤ People decide when to share personal information. | | | |
| ➤ People are free from abuse and neglect. | | | |
| Related CQL Basic Assurance Indicators | | | |
| ➤ The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation. | | | |
| ➤ The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths. | | | |
| ➤ Data and documentation support evaluation of health care objectives and promote continuity of services and supports. | | | |
| ➤ People receive medication and treatments safely and effectively. | | | |
| ➤ They physical environment promotes people's health, safety and independence. | | | |
| ➤ The organization implements a system for staff recruitment and retention. | | | |
| ➤ The support needs of individuals shape the hiring, training and assignment of all staff. | | | |
| ➤ The organization implements systems that promote continuity and consistency of direct support professionals. | | | |
| ➤ The organization treats its employees with dignity, respect and fairness. | | | |
| ➤ The organization provides continuous and consistent services and supports for each person. | | | |
| ➤ The organization provides positive behavioral supports to people. | | | |
| ➤ The organization's mission, vision and values promote attainment of personal outcomes. | | | |
| ➤ Business, administrative and support functions promote personal outcomes. | | | |
| ➤ The cumulative record of personal information promotes continuity of services. | | | |
| ➤ Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation. | | | |
| ➤ The organization has individualized emergency plans. | | | |
| ➤ The organization implements an ongoing staff development program. | | | |
| Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements. | | | |
| Indicators | Results | Guidance | Comments |
| 9.A.3. The provider maintains appropriate records relating to the person. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>The provider complies with appropriate DIDD requirements related to the person's record.</p> <p><i>Provider Manual reference: 2.7.; 5.3.; Chapter 10; DIDD Policy 80.4.4. Electronic Records and Signatures; DIDD Provider Agreement</i></p> | |

Domain 10: Administrative Authority and Financial Accountability**Related CQL Personal Outcome Measures:**

➤ People experience continuity and security.

Related CQL Basic Assurance Indicators

➤ The organization implements sound fiscal practices.

Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.

| Indicators | Results | Guidance | Comments |
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| *10.A.1. The agency provides and bills for services in accordance with DIDD requirements. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <u>Review of documentation and billing</u> Services are provided in accordance with waiver rules and the DIDD Provider Manual, including but not limited to: <ul style="list-style-type: none"> • Current physician orders are in place for services, as applicable; • Services are provided face to face (Nutrition and Orientation and Mobility can be provided with the direct support for training); • OT, PT, and SLP service providers do not bill for more than 6 units of service per day; • Nutritionists do not bill for more than 1 unit of assessment or services per day; • OT, PT, and SLP service providers do not bill for more than 1 unit of assessment per day; • Clinicians do not bill for assessment and service units together on the same day; • Clinical service providers do not routinely carry out activities with the person that should be carried out by direct support staff; • Supervision is not a billable service. A PT and PTA (or OT/COTA) cannot bill for services and assessment at the same time; • Phone consultations in lieu of direct services cannot be billed; and • For persons receiving services once per month or less, services must be provided by a licensed therapist, not a therapy assistant. <p>For the service to be billable, onsite supervision of PTAs and COTAs is provided at a minimum of every 60 days per individual on the assistant's</p> | |

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| | | <p>caseload and documented in the personnel files.</p> <p>Co-treatments are medically necessary, time-limited, and clearly documented by both disciplines as to the purpose in relation to identified needs in the ISP or clinical plans.</p> <p><i>Provider Manual reference: 5.11.;5.13.; 13.2.; 13.3.; 13.4.; 13.10.</i></p> | |
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